

WHO Infection Prevention and Control Global Newsletter



7 February 2023

News from WHO headquarters

2023 World Hand Hygiene Day

The World Health Organization (WHO) infection prevention and control (IPC) team is delighted to announce the theme for the World Hand Hygiene Day (WHHD) – 5 May 2023.



Hand hygiene saves millions of lives every year when performed at the right moments in health care. It is also a smart investment that offers exceptional return for each dollar invested.

Now is a critical time when countries across the world need to accelerate implementation of lessons from the COVID-19 pandemic and increase investments to close gaps in IPC, including hand hygiene. Indeed, many countries are demonstrating strong engagement and advancements in scaling-up those actions, but overall, the progress is slow, and gains are at risk.

Strong and engaged communities of health workers, policy makers and civil society organizations (CSOs) can accelerate and sustain action at the point of care to protect people from infections and antimicrobial resistance in health care.

This year, WHO is calling on CSOs to engage with the campaign and accelerate progress at achieving effective hand hygiene at point of care!

Thus, the campaign theme and slogan are:

Campaign theme: Together, we can accelerate action to prevent infections and antimicrobial resistance in health care and build a culture of safety and quality in which hand hygiene improvement is given high priority.

Slogan: *Accelerate action together. SAVE LIVES - Clean Your Hands*

Based on the theme and slogan, you can find the **main campaign poster** on the [campaign webpage](#). Please visit this page frequently for updates and new resources for 2023.

Global strategy on IPC discussed at the 152nd session of the WHO Executive Board

On February 2, the [draft of the global strategy on IPC \(GSIPC\)](#) was presented to the [WHO Executive Board](#) (EB). There was widespread gratitude and praise to the Secretariat for having carried out a widely consultative process among Member States (MS) and partners and for the work to bring this important issue to the WHO EB at this precise time when learnings from the COVID-19 pandemic are still fresh in the memory and need to be acted upon. MS and Non-state actors were unanimously in support of the need to strengthen IPC with particular attention to the following areas:

- **Governance** - the COVID-19 pandemic has provided an unprecedented opportunity to strengthen IPC and despite progress made, there was a call for greater political commitment, and sustainable funding. More international support and cooperation, and direct support from WHO is also needed.
- **Inter-programme links** – there was strong recognition of the importance of IPC to combat the silent pandemic of antimicrobial resistance (AMR) and endemic health care-associated infections along with the drive to achieve universal health coverage. Thus, IPC should be

part of AMR and health system strengthening strategies (including in primary care and long-term care facilities) and should also be aligned with programmes related to quality of care, patient safety, water, sanitation, and hygiene (WASH), occupational health and others (such as, laboratory biosecurity).

- **Inter-sectoral links** – multi-sectoral action is required, including the private sector
- **Training** – there were calls for increase in the availability of national training programmes particularly for IPC professionals and on surveillance.
- **Context** – when developing guidance and tools, the needs and contexts of low- and middle-income countries (LMIC) and small island developing states, who struggle with funding, health care worker and knowledge resources, should be taken in high consideration.
- **Data and use of data** – the need for a greater emphasis on strengthening systems for surveillance, data collection, reporting and availability, including the development of a common platform integrated with AMR surveillance, so that data can be used to inform action.

The WHO Secretariat was requested to organize further MS consultations during the intersessional period, to further strengthen the GSIPC according to the above concerns, prior to submission to the World Health Assembly for adoption.

IPC in Maternal and Neonatal Care

In December, module #6 of the series, titled *Special neonatal circumstances* was published to OpenWHO: [Infection Prevention and Control \(openwho.org\)](https://openwho.org/courses/infection-prevention-and-control).

This module provides an overview of risk factors for infection in small and sick neonates as well as the infection prevention and control practices that need to be applied to prevent health care-associated infections in this population.



France: a broad vision of IPC and the importance of local action

The recently launched [WHO web page on IPC country examples](#) has been enriched with the France example. Preventing infections and AMR has been a major public health priority by French public authorities since the 1990s and continues to be so today. France has an advanced national IPC programme that aligns with the WHO core components for IPC and integrates with a powerful

antimicrobial stewardship and One Health approach. Implemented by key stakeholders in the field and coordinated by French public authorities, the programme has demonstrated progress over time and has set ambitious objectives for the coming years.



Visit [this page](#) to read more about France's story.

WHO Health Emergencies IPC team support to the Uganda Ebola Virus Disease outbreak, 2022-2023

On September 20, 2022, Uganda declared an Ebolavirus disease (EVD) outbreak caused by the Sudan ebolavirus (SUDV), initially in Mubende district, and subsequent spread to additional districts and the capital city of Kampala.

IPC teams from the WHO Health Emergencies (WHE) programmes at headquarters (HQ) and WHO Africa region (AFRO) responded swiftly through deployment of several team members as well as IPC specialists through Global Outbreak Alert and Response Network (GOARN), to ensure senior technical IPC expertise and strategic and operational support throughout the response. To support the scale up of key IPC interventions and measures, updated IPC guidance, health care facility and Ebola Treatment Unit (ETU) assessment tools, Standard Operating Procedures (SOPs), checklist and training material were developed, adapted to local context, and disseminated. This was done under the directive of the Ministry of Health and in collaboration with local and international IPC stakeholders, including US Centers for Disease Control (CDC). The rapid EVD IPC health care assessment tool, known as the "Scorecard" was endorsed by Ministry of Health and scaled up to all districts. Results were used to develop action plans based on gaps identified and supported through locally trained mentors.



This response represented a commendable collaboration with Ministry of Health Uganda, partners and across the three levels of WHO (country, regional and headquarters) to support rapid implementation of IPC measures for prompt outbreak response.

The EVD outbreak was declared over on January 11, 2023.

AMR National Action Plans

Understanding strategic commitments and policy responses to overcome AMR at the national, regional, and global levels is required to evaluate current progress and direct future planning.

National action plans (NAPs) are the primary mechanism for guiding national strategy and action for antimicrobial resistance governance. Although several NAPs have been developed, no comprehensive content analysis of these plans exists.

Using a governance framework, this publication aims to assess all publicly available NAPs on antimicrobial resistance: [Measuring the global response to antimicrobial resistance, 2020–21: a systematic governance analysis of 114 countries - The Lancet Infectious Diseases](#)

WHO People centred framework on addressing AMR

Join WHO's AMR team to learn more about the people-centred framework on addressing AMR. This is an information session for participants to learn more about the framework, the core interventions and their integration into health systems and pandemic preparedness, followed by an online consultation.

Register [here](#) for the webinar, February 14 from 12:00-13:30 (CET).

Global Experts' Consultation on implementing the Global Patient Safety Action Plan 2021–2030

On 5–8 December 2022, the Patient Safety Flagship organized an in-person Global Experts' Consultation on "Implementing the Global Patient Safety Action Plan 2021–2030: Pandemic and beyond". The outcomes of this consultation will be used to inform patient safety action in WHO's preparedness and response to future pandemics, as well as the implementation and monitoring of the Global Patient Safety Action Plan 2021–2030. Discussions also focused on content for the first-ever Global Patient Safety Report, including burden of preventable patient harm, feature stories/case studies for international learning, and initial results of the Patient Safety Member State Survey 2022–2023. The global report is planned to be submitted to the World Health Assembly (WHA)76 as part of the reporting back mandated by the [WHA Decision WHA74\(13\)](#) on the implementation of the [WHA72.6 Resolution 'Global action on patient safety'](#) and the [Global Patient Safety Action Plan 2021-2030](#).

News from our partners

CDC's International Infection Control Program (IICP) Web Pages & Resource Library Online

CDC's IICP has published [new program web pages](#) that include details about their global work with partners and [a resource library](#) offering guidance, tools, and publications created by IICP and partners. IICP invites you to look at the new pages and check back frequently for new resources, which will be posted as they become available.

SHEA Board Commentary - Asymptomatic screening for severe acute respiratory coronavirus virus 2 (SARS-CoV-2)

The Society for Healthcare Epidemiology of America (SHEA) shares a commentary on asymptomatic screening for SARS-CoV-2. In the [commentary](#), SHEA recommends against routine

universal use of asymptomatic screening for SARS-CoV-2 in healthcare facilities. Specifically, they find that pre-procedure asymptomatic screening is unlikely to provide incremental benefit in preventing SARS-CoV-2 transmission in the procedural and perioperative environment when other infection prevention strategies are in place and believe it should not be considered a requirement for all patients. Admission screening may be beneficial during times of increased virus transmission in some settings where other layers of controls are limited (e.g., behavioral health, congregate care, or shared patient rooms), but widespread routine use of admission asymptomatic screening is not recommended over strengthening other infection prevention controls.

In this commentary, they outline the challenges surrounding the use of asymptomatic screening, including logistics and costs of implementing a screening program, and adverse patient and facility consequences. They review data pertaining to the lack of substantial aerosol generation during elective controlled intubation, extubation, and other procedures, and provide guidance for when asymptomatic screening for SARS-CoV-2 may be considered in a limited scope.